



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

PHARMACY NIGHT LOCKER

Effective Date: October 9, 2014

Policy #: NS-05

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- I. PURPOSE:** To establish a night locker available for use by licensed nurses to obtain medications for immediate therapeutic use when the Pharmacy is closed or when a medication needs to be initiated as soon as possible.
- II. POLICY:**
 - A. The Pharmacy is only accessible to pharmacy personnel. During hours when the Pharmacy is closed, medications may be accessed by Nurse Managers/Supervisors from the pharmacy night locker. In the event a prescribed medication is not available in the pharmacy night locker, an “on-call” pharmacist is available to dispense the medication.
 - B. The night locker is a secure locked area containing most of the Pharmacy and Therapeutics approved drug products prescribed at Montana State Hospital. A list of night locker contents is available with the night locker, in each medication room and via the computer. The night locker is located in the medical clinic area of the hospital. The Pharmacy Department will replenish used items on a daily basis.
 - C. All medication orders are reviewed by a pharmacist within 24 hours.
 - D. The Pharmacy and Therapeutics Committee approves which drugs will be stocked in the night locker and what quantities of each drug will be provided. At least on an annual basis, the Pharmacy and Therapeutics Committee reviews night locker contents.
 - E. The night locker is inspected at least monthly by the Pharmacy Department to check for outdated items.
 - F. The night locker keys are in the possession of the Pharmacy and the assigned Nurse Manager or Nursing House Supervisor.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
 - A. Pharmacy – Maintain, inspect and stock pharmacy night locker. Review orders; maintain a current list of contents of night locker.

- B. Licensed Nurses – Contact Nurse Manager/House Supervisor to arrange access to night locker when necessary and document according to procedure when medications are obtained.
- C. Nurse Manager/Nursing House Supervisor – Maintain key to night locker.
- D. Pharmacy & Therapeutics Committee – Approve medications to be stocked in night locker.

V. PROCEDURE:

- A. To access night locker when pharmacy service is not available.
 - 1. Unit licensed nurses will contact the Nurse Manager/Nursing House Supervisor to arrange access to night locker.
 - 2. The Nurse Manager/Nursing House Supervisor will be present when medications are accessed from the night locker.
 - 3. Remove the necessary number of doses from the drawer. The number of doses should cover the remaining time interval until the Pharmacy can supply the medication.
 - 4. The licensed nurse will sign out all medication(s) obtained from the locker on the night locker sign out logs. Indicate the following information:
 - a. patient name
 - b. date
 - c. time
 - d. patient location – unit
 - e. patient allergies
 - f. medication name and type, (affix label from med package on sign out log)
 - g. quantity
 - h. signature of individual accessing the medication
 - 5. Close drawers/doors and lock night locker.
 - 6. Place the Pharmacy copy of the Licensed Independent Practitioner's order on the Night Locker Clip Board.
 - 7. Ensure door to room where night locker is located is locked.

VI. REFERENCES: None.

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- VII. COLLABORATED WITH:** Medical Director, Pharmacy Director, Director of Nursing
- VIII. RESCISSIONS:** #NS-05, Pharmacy Night Locker dated November 1, 2011; #NS-05, *Pharmacy Night Locker* dated September 15, 2008; #NS-05, *Pharmacy Night Locker* dated May 20, 2002; #NS-05, *Pharmacy Night Locker Cart* dated May 8, 2000; HOPP #NS-05, *Pharmacy Night Locker* dated February 14, 2000; HOPP #NS-04-96-N, *Pharmacy Night Locker* dated July 22, 1996 and HOPP #NS-04-96-N, *Pharmacy Night Locker* dated June 17, 2005.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review (Attachment B) per M.C.A. § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing
- XII. ATTACHMENTS:** None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Dave Olson Date
Director of Nursing